

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90028 024 ***150.00

DOCUMENT # P95000049431

1. Corporation Name

PRINCESS OBOLENSKY ENTERPRISES, INC.



Principal Place of Business

C/O ANNE OBOLENSKY
PO BOX 691
PALM BEACH FL 33480

Mailing Address

C/O ANNE OBOLENSKY
PO BOX 691
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANNE OBOLENSKY
264 PARK AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name Anne Obolensky
82 Street Address (P.O. box Number is Not Acceptable) 228 Royal St, #410
83 New Orleans, LA 70116
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME OBOLENSKY, ANNE
STREET ADDRESS PO DRAWER 691
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

TITLE D
NAME OBOLENSKY, NICHOLAS
STREET ADDRESS 264 PARK AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

TITLE D
NAME DANIELSKI, PATRICIA
STREET ADDRESS 254 EDMOR RD.
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ DELETE

TITLE D
NAME SIMS, BRYANT
STREET ADDRESS 250 ESSEX LANE
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ DELETE

TITLE ST
NAME OWENS, ROBIN
STREET ADDRESS 622 1/2 PIRATES ALLEY
CITY-ST-ZIP NEW ORLEANS LA 70116

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Nicholas SAGER
750 DR 1945, #750
Brooklyn NY 11211

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)